

## RN/LPN GENERAL INSTRUCTIONS

**All licenses are due for renewal by June 30 of your renewal year instead of by birth months.**

**ARIZONA IS A COMPACT STATE.** If you have Multistate Privileges in another Compact State (AZ, AR, CO, DE, ID, IA, ME, MD, MS, NE, NH, NM, NC, ND, SC, SD, TN, TX, UT, VA, WI), you should not apply for renewal in Arizona unless you are declaring Arizona as your Primary State of Residency or are a Nurse Practitioner. You should request to go inactive. (See [www.ncsbn.org](http://www.ncsbn.org) for a list of Compact States.)

**ONLINE RENEWAL:** Go to the Arizona State Board of Nursing Web page at [www.azbn.gov](http://www.azbn.gov). Online renewal will provide you with an easy, efficient and safe way to renew your license 24 hours per day.

**LICENSE FEES:** **ALL FEES ARE NON REFUNDABLE**

Renewal fee will be \$150 (paper application) and Online Renewal fee will be \$140

- \$50.00 **Late Fee** per month up to a total fee of \$200. If your application is post dated August 2 or after, a late fee is due for license renewal.
- No fee is required for inactive status. If request for Inactive Status is made after the expiration date, a Renewal Fee and Late Fee are required. All application questions must also be answered when requesting this status.
- All fees may be paid by check or money order and made payable to the Arizona State Board of Nursing.
- **ALL PERSONAL CHECKS** must be pre-printed with your name and address or they will be returned.
- All renewals that are returned to the Board because of an incorrect address will be fined \$5.00.
- There is a \$50.00 fee for all checks returned for insufficient funds.

**LAPSED LICENSE:** If your license has lapsed, an invalid license questionnaire must be submitted with the renewal application. The Invalid License Questionnaire is included in this packet.

**NOTICE TO ADVANCED PRACTICE NURSES/CRNA'S:** If you are an Advanced Practice Nurse Practitioner/Clinical Nurse Specialist/Certified Nurse Midwife who has been issued certification by Arizona State Board of Nursing since 7/1/04, that certification will expire when your RN license expires. The Board must receive **official verification** of current national certification/recertification, by category and specialty, along with the issue and expiration dates, directly from the credentialing agency. It is your responsibility to request official verification be sent to the Board.

If you are a Certified Registered Nurse Anesthetist, who has been issued Prescribing Privileges by the Board, that privilege expires when your RN license expires. The Board must receive **official verification** of current certification/recertification directly from the American Association of Nurse Anesthetists Council on Recertification, in order to retain prescribing privileges. It is your responsibility to request official verification be sent to the Board.

**FELONY CONVICTIONS:** Pursuant to A.R.S. § 32-1606(B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

**REPORTING OF CRIMINAL CHARGES:** Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at [www.azbn.gov](http://www.azbn.gov).

**TIME FRAMES FOR LICENSING:** For the purposes of these time frames, the Board is required to process applications for renewal of licensure/certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information or is missing.  
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.  
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

### **LICENSING TIME FRAMES**

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
License Renewal WITHOUT INVESTIGATION	R4-19-304	120 days	30 days	270 days	90 days	150 days
WITH INVESTIGATION	R4-19-304	270 days	30 days	270 days	240 days	150 days

**For more information, regarding the time frames for licensure, consult A.A.C. R4-19-102. For assistance with the application process for licensure, contact Debra Kunkle at (602) 889-5195 or e-mail at [dkunkle@azbn.gov](mailto:dkunkle@azbn.gov).**

**IMPORTANT:** This form is processed by a computerized scanner. Only characters written inside a box will be read. Only 1 character per box, this includes punctuation. Please print legibly with **all** capital letters (**black ink only**). If your information does not fit in the space provided, please include an 8 ½ x 11 piece of paper with the section # and information that needs to be updated.

**SECTION:** (Complete all sections unless otherwise noted)

- 1.) Print your social security number, birth date, and city, state, and country of birth. Fill in the check box which indicates your sex (optional).
- 2.) Fill in this section if you have a new name. If your name has changed, please include a copy of an official document showing your **previous** name (i.e. birth certificate, social security card, marriage license, diploma from high school) **and** a copy of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card) per R4-19-307 A.
- 3.) Home address/primary state of residence. Your street address; the city, state, and zip code fields are mandatory. This address must reflect where you vote, pay federal taxes or obtain a drivers license. The primary state of residence determines whether your license will be a multistate license or valid in Arizona only. Only nurses with their primary state of residence in Arizona shall hold a multistate Arizona license. For more information on the multistate compact visit the [www.ncsbn.org](http://www.ncsbn.org) website.
- 4.) Mailing address. You are required to have a mailing address on file. A.R.S. 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record.
- 5.) One phone number is required for your record.
- 6.) Answer yes if you have ever been licensed in another state, list all states. If you are licensed in Arizona only, answer no.
- 7.) Fill in the check boxes for your current employment status and the number of hours that you work each week as a nurse.
- 8.) Fill in your current or previous employer/practice setting. If you had less than 960 hours of nursing practice at either your current or previous employment/practice setting, please list addition practice information on a separate 8 ½ x 11 sheet of paper. Note: a "To" date is not required if you are listing a current employer/practice setting. You can leave the month and year fields blank.
- 9.) **Practice requirement.** To meet this requirement you must have practiced at least 960 hrs in the past 5 years in a position that requires or recommends an RN or LPN license. This could be as an employer or a volunteer and could include bedside nursing, teaching, consulting, supervising, or clinical experience in a nursing program or it could also include graduating from a nursing program within 5 years prior to applying for renewal. It could also include obtaining an advanced nursing degree i.e. RN to BSN, Masters or Doctorate, or completing an Arizona Board approved refresher course. If you do not meet the minimum requirement(s) a license renewal cannot be issued. If you need to take a refresher course, see our Web page at [www.azbn.gov](http://www.azbn.gov) to see available courses. You would need to request a Temporary License "for refresher course only" when you can provide documentation that you have actually enrolled in the course. A "temporary license for refresher course only" can be obtained by completing a renewal application and a request for temporary license application available on our Web site at [www.azbn.gov](http://www.azbn.gov)
- 10.) If your field of employment is not listed, fill in the "other" check box and write in your main field of employment in the boxes provided.
- 11.) If your current position is not listed, fill in the "other" check box and write in your current nursing position.
- 12.) If your major clinical or teaching area in nursing is not listed, fill in the "other" check box and write in your current area in nursing. This field is required even if you are not currently working.
- 13-16.) If the exact date is unknown, an approximate month along with the year may be written in these sections.
- 17.) All information is optional. Your e-mail address can be entered using lower case letters.
- 18.) Inactive Status is for individuals that will not be practicing in Arizona using their Arizona license. With this status, no late fees will accrue during the inactive period. If you would like to renew your inactive license please contact us to request a renewal application. If your license remains inactive for five or more years you will be required to provide proof of employment in nursing within the previous 5-year period or you will have to complete an Arizona Board-approved refresher course for renewal. Your license status must be active/good standing or it cannot be inactivated.

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## ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NORTH CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NORTH MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

## ***Arizona State Board of Nursing***

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix AZ 85014-3653  
Phone (602) 889-5150 Fax (602) 889-5155  
E-Mail: [arizona@azbn.org](mailto:arizona@azbn.org)  
Home Page: <http://www.azbn.gov>

TO: All licensed/certified persons renewing late  
FROM: Joey Ridenour, RN, MN, Executive Director  
SUBJECT: **POSSIBILITY OF WORKING ON AN INVALID LICENSE/CERTIFICATE**

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You recently submitted your application for renewal of your license/certificate. A review of your application indicates you may have worked on a lapsed license/certificate. According to A.R.S. §32-1666 (A) (1): "It is unlawful for a person not licensed under this chapter or not holding temporary license to: Practice or offer to practice professional or practical nursing in this state". According to A.R.S. §32-1649: "Only a person who is currently certified by the board to practice as a nursing assistant shall use the title "certified nursing assistant" and the abbreviation "CNA"."

The attached questionnaire must be completed and returned two weeks from the date of receipt. If it is found that you inadvertently or otherwise worked on a lapsed license/certificate, the Board may order me to offer you a consent agreement for an administrative penalty in addition to the late renewal fee. The schedule of the penalty fee is below.

In filling out the questionnaire, you are asked whether or not you worked in a position requiring licensure/certification during the time of the licensure lapse. For nurses, this may include positions that do not include "hands-on" nursing, such as a management position, quality assurance, etc. If you have any doubt, please refer to your original job description to verify educational and licensure requirements.

In marking "NO", please be aware that job descriptions and time card records may be subpoenaed.

If you have any further questions or concerns, please contact Vicky Driver, Administrative Assistant, at (602) 889-5162.

### **RN/LPN SCHEDULE**

### **CNA SCHEDULE**

MONTHS	AMT OF ADMINISTRATIVE PENALTY	REFERRAL OF EMPLOYER TO DHS	NO. OF MONTHS UNCERTIFIED	AMT OF ADMINISTRATIVE FINE	REFERRAL OF EMPLOYER TO DHS
1-2	100.00	NO	1-2	25.00	NO
3-4	100.00	YES	3-4	25.00	YES
5-8	200.00	YES	5-8	50.00	YES
9-12	300.00	YES	9-13	75.00	YES
13 OR MORE	500.00	YES			



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## ***Arizona State Board of Nursing***

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix AZ 85014-3653  
Phone (602) 889-5150 Fax (602) 889-5155  
E-Mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Home Page: <http://www.azbn.gov>

### **INVALID LICENSE/CERTIFICATE QUESTIONNAIRE**

RN/LPN License # / CNA Certificate # \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Former Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Did you work as a RN or LPN or CNA on your Arizona license/certificate while your Arizona license/certificate was lapsed/expired? (Examples: RN/LPNs - If your license was due for renewal on 6/30/07, did you work after 11/1/07 (actual date of expiration) on that license? CNAs – If your certificate was due for renewal on 3/31/07, did you work after 3/31/07 on that certificate?)

If your job description requires you to be licensed/certified, or if you present yourself to the public as a RN/LPN/CNA in any way at your place of employment, (i.e. signed your name with RN/LPN/CNA after your name, put your name with RN/LPN/CNA on a business card) **you are working/presenting yourself as a RN/LPN/CNA**, even if your job does not include any direct “hands-on care”.

☐ **NO** Comments: \_\_\_\_\_

☐ **YES** If yes, where did you work while your license/certification was due for renewal or lapsed/expired or inactive?

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Direct Supervisor's /Title: \_\_\_\_\_

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**ARIZONA STATE BOARD OF NURSING**  
**RENEWAL APPLICATION FOR REGISTERED NURSE/  
PRACTICAL NURSE LICENSE**

OFFICE USE ONLY

- ☐ Act. to Inact.  
☐ Lapsed to Act.  
☐ Inact. to Act.  
NURSYS Results  
☐ Pos. ☐ Neg.  
Reviewer:

**RENEWAL DUE DATE:**  /  /

**FEE:** \$

**LICENSE NUMBER:**

**PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS**

**APPLICANTS NAME** (the name you are currently licensed with)

Last Name

First Name

M.I.

1. **SOCIAL SECURITY NUMBER**

 -  - 

**BIRTH DATE** (month/day/year)

 /  / 

**SEX (optional)**

Male ☐ Female ☐

**BIRTH CITY**

**STATE**

**COUNTRY (ex. USA)**

2. **DO YOU HAVE A NEW NAME?** ☐ No ☐ Yes If yes, fill in your new name. **(Documentation is required)**

Last Name

First Name

M.I.

3. **HOME ADDRESS/PRIMARY STATE OF RESIDENCE** (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1

Street Address Line 2

County of Residence

City

State

Zip Code

4. **MAILING ADDRESS** (If different than Home Address)

Street Address Line 1

Street Address Line 2

City

State

Zip Code

5. **HOME PHONE**

(  )  -

**CELL PHONE**

(  )  -

RNRA





- If yes, list state(s). See the instructions for abbreviation codes. If you are licensed in more than 10 states, attach a separate list.

Average number of hours worked per week as a nurse?

- Title/Position

Employer's NameStreet Address Line 1Street Address Line 2City

Employed from:  
(month/year)

Employed to:  
(see instructions)

\*\*\* If you have been employed for less than 960 hours at the employer or practice setting you provided above, list previous employment or practice setting information on a separate sheet of paper. \*\*\*

- ☐ I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

- [illegible]

**12. MAJOR CLINICAL OR TEACHING AREA IN NURSING (Fill in one box only)**

<input type="checkbox"/> Generalized Community Health (public health)	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Medical Surgical
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Psychiatric/Mental Health	<input type="checkbox"/> Obstetric/Gynecologic
<input type="checkbox"/> Information	<input type="checkbox"/> Special Care (e.g. OR, ER, ICU, CCU)	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Other	<table border="1" style="width: 100%; height: 20px;"></table>	

**13. NURSING PROGRAM ATTENDED**

Name

City 



 State 



 Zip Code

Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ RN Masters

Date of Graduation (month/year) 



 /

**14. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD (If different than Nursing Program)**

Name

City 



 State 



 Zip Code

Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ Bachelors Non-Nursing

☐ Masters-Nursing ☐ Masters Non-Nursing ☐ Doctorate ☐ Certification ☐ CRNA

Date of Graduation (month/year) 



 /

**15. TESTING INFORMATION**

Date of State Exam (month/year) 



 / 



 Type of Test ☐ SBTPE(was given prior to 7-1-82)

☐ NCLEX (was given after 7-1-82)

Did you test more than 1 time? ☐ No ☐ Yes If yes, how many times?

**16. Certification: If applicable list any current national certification in nursing that you hold (does not include CPR)**

Name of certification body Line 1

Line 2

Specialty/Category

Date of certification (month/year) 



 / 



 Expiration Date (month/year) 



 /

**17. OPTIONAL INFORMATION**

E-Mail Address

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ Other

**18. INACTIVE STATUS ☐**

Mark this check box to place your license on Inactive Status. Only an active Arizona license in good standing can be placed on Inactive Status (no fee required). If your primary state of residence is in a compact state other than Arizona and you are not an advanced practice nurse, you are required to inactivate your Arizona license. Please visit the National Council website at [www.ncsbn.org](http://www.ncsbn.org) for participating states. All required application questions must also be answered when requesting this status.



## DISCIPLINARY QUESTIONS



**Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

1. Since your license was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Are you currently a participant in a state board/designee monitoring program (other than AZ) including alternative to discipline, diversion or a peer assistance program?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates reasons for participation, and a copy of the participation agreement.

3. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

4. Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

5. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

## VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

PLEASE NOTE: It takes 2-3 weeks to process your application. Your employer may not be able to verify your renewal if you do not submit the application 2-3 weeks before the renewal date. If this application is not postmarked by midnight on August 1 of your renewal year, you will be required to pay an extra fee for late renewal. If you do not renew on or before Nov. 1, your license is expired. The postmark does not mean that your license has been updated in our system. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the renewal process. You may renew your license at our office from 8am-5pm Mon.-Fri. You may check to see if your license has been renewed by visiting our website and using our online verification system to verify your license. Our Website is [www.azbn.gov](http://www.azbn.gov).

RNRD

PLEASE STAPLE ALL FOUR PAGES OF THE  
APPLICATION TOGETHER AND  
MAIL TO: ARIZONA STATE BOARD OF NURSING  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3653  
(602) 889-5150 Fax (602) 889-5155





**Effective January 1, 2008, based on Federal and State Laws, all applicants must provide evidence of citizenship or nationality.**

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

If the Board has received your application after 1/1/08, and the application did not ask you a question about citizenship, you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.

**ARIZONA STATE BOARD OF NURSING  
ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS**

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

**SECTION I – APPLICANT INFORMATION**

Applicant's Name (Print or type) \_\_\_\_\_ Date: \_\_\_\_\_

Type of Application (check one)    ☐ Initial Application    ☐ Renewal

Type of License/Certification:    ☐ RN    ☐ LPN    ☐ CNA    ☐ AP    ☐ CRNA    ☐ SN

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Directions: Attach a legible copy of the front and back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality.

Name of document provided: \_\_\_\_\_

Are you a citizen or national of the United States? (Check one)    ☐ YES    ☐ NO

If the answer is "YES", where were you born? List city, state (or equivalent), and country/territory.

City: \_\_\_\_\_ State (or equivalent): \_\_\_\_\_ Country/Territory: \_\_\_\_\_

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front and back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501.

Name of document provided: \_\_\_\_\_

**"Qualified Alien" Status (8 U.S.C. § 1621 (a) (1), - 1641 (b) and (c))**

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration & Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212 (d) (5) of the INA.
- ☐ E. An alien whose deportation is being withheld under Section 243 (h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203 (a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501 (e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the U.S.

**Nonimmigrant Status (8 U.S.C. § 1621 (a) (2))**

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 *et seq.*] Nonimmigrant is persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101 (a) (15).

**Alien Paroled into the United States for less than One Year (8 U.S.C. § 1621 (a) (3))**

- ☐ J. An alien paroled into the United states for less than one year under Section 212 (d) (5) of the INA

**Other Persons (8 U.S.C. § 1621 (c) (2) (A) and (C))**

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ M. A foreign national not physically present in the United States.

**Otherwise Lawfully Present (A.R.S. § 1-501)**

- ☐ N. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make person who fall into this category ineligible for licensure. See 8 U.S.C. § 1621 9a).**

<b>SECTION IV - DECLARATION</b>
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**All applicants must complete this section.** I declare under penalty of perjury under the laws of the State of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**Attachment: Lists A and B Evidence of U.S. Citizenship, U.S. National Status, or Alien Status**

**REMINDER:  
DON'T FORGET TO  
ENCLOSE COPY  
OF DOCUMENTATION**

## **ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS**

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

### **LIST A**

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence:**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

#### **U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

#### **Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

#### **d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

#### **Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

#### **e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

#### **f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

## **LIST B**

### **Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.**

#### **a. “Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

##### ***Alien Lawfully admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

##### ***Asylee***

- \*Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

##### ***Refugee***

- \*Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;

##### ***Alien Paroled Into the U.S. for at Least One Year***

- \*Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

##### ***Alien Whose Deportation or Removal was withheld***

- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- \*Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

##### ***Alien Granted Conditional Entry***

- \*Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A3”.

##### ***Cuban/Haitian Entrant***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on \*Form I-94 with the Code CU6 or CU7; or
- \*Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

##### ***Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

#### **b. Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- \*Form I-94 with stamp showing authorized admission as nonimmigrant

#### **c. Alien Paroled into U.S. for less than One year**

- \*Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA